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| Case Number: | CM15-0174867 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 05/31/2007 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with a date of injury of May 31, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome secondary to lumbar radiculopathy, secondary to lumbar degenerative disc disease and disc herniations, chronic bilateral knee pain, chronic neck pain consistent with cervical radiculopathy, bilateral hand pain with numbness and weakness consistent with bilateral carpal tunnel syndrome, depression, and insomnia. Medical records (March 3, 2015 through July 1, 2015) indicate that the injured worker was recommended to continue [REDACTED] diet program for weight loss, and that she was unable to maintain weight loss when off the program. The progress notes document that the injured worker had been on the weight loss program since at least March of 2015, and that her weight had fluctuated during that time. Documents (March 9, 2015) indicate that the injured worker lost weight on the [REDACTED] program, but gained the weight back once the program had stopped. Records indicate that the injured worker's weight had increased seven pounds between March 3, 2015 and July 1, 2015. No other treatments for weight loss were noted in the medical records. The original utilization review (August 21, 2015) partially certified a request for [REDACTED] program trial for two months (original request for a weight loss program with [REDACTED] for three months).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Continued weight loss program (with [REDACTED]) for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: Based on the 7/1/15 progress report provided by the treating physician, this patient presents with severe low back pain, bilateral leg pain, persistent bilateral knee pain, bilateral neck, upper extremity pain with numbness/tingling, left > right, and bilateral hand pain. The treater has asked for Continued weight loss program (with [REDACTED]) for 3 months on 7/1/15. The request for authorization was not included in provided reports. The patient is s/p knee joint injection, unspecified, on 8/18/14 with significant but temporary improvement. The patient has insomnia and depression related to chronic pain syndrome, and stomach pain related to use of NSAIDS per 7/1/15 report. The patient's also has constipation related to use of opiates per 6/3/15 report. In this case, the patient's height is 68.5 inches and weight is 237 per report dated 6/3/15 which is BMI of 35.5. The patient's work status is not included in the provided documentation. MTUS, ODG, and ACOEM are silent regarding the request for weight loss program. Therefore AETNA website www.aetna.com/cpb/medical/data/1_99/0039.html was referenced: AETNA guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m2)." AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, [REDACTED], liquid protein meals, [REDACTED] pre-packaged foods, or phytotherapy), [REDACTED], [REDACTED], [REDACTED], [REDACTED] diet, or similar programs. In this case, the treater is requesting "the patient continue with the [REDACTED] program on an ongoing basis to ensure weight reduction, while the patient's weight has stabilized. Because of the severity of the pain in the knees and back, she has extreme difficulty performing any regularly scheduled exercise program" per requesting 7/1/15 report. In addition, treater states: with the use of Pristiq and Zoloft, she has developed a significant weight gain which has been extremely hard to combat. It is not clear when patient initiated [REDACTED] program, but in the earliest included progress report dated 3/5/15, the patient was enrolled in the weight loss program. Utilization review letter dated 8/21/15 denies request for [REDACTED] while certifying a [REDACTED] program, as "patient was enrolled in a [REDACTED] program for an undisclosed period. Once the program was completed, the patient gained 10 pounds back." Although there is a discussion provided regarding why the patient may need this weight loss program, the progress reports do not define the weight loss goals, nor do they reveal any steps taken by the patient to achieve those goals. Physician-monitored programs are supported for those with BMI greater than 30, but exclude [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. Furthermore, the reports do not document trialed and failed caloric restrictions with increased physical activities. Therefore, the request IS NOT medically necessary.
